

## Intrapartum Guidelines

### No.8 Management of infants at the extremes of Prematurity

#### 1. Management of Labour

- On admission to Central Delivery Suite ensure there is a clear obstetric and paediatric plan agreed for the management of labour and delivery.
- Ensure that the parents are fully informed and aware of the possible outcomes.
- For infants less than 22 weeks fetal monitoring should not be performed during labour.
- For infants greater than 22 weeks seek guidance from senior obstetrician. The decision to monitor will depend on whether active obstetric intervention in the event of fetal distress and paediatric resuscitation is planned.

#### 2. Management of Delivery

##### **2.1 No plans to resuscitate the infant at delivery**

- Infants  $\geq 25$  will need a full neonatal resuscitation team
- Infants  $\geq 23-24+6$  weeks gestation should, where at all possible, have a paediatrician present at delivery to confirm the presence and or absence of signs of life and decide on appropriate action.
- Infants  $\leq 22+6$  weeks gestation the obstetric SHO should be present at delivery or as soon as possible there after to confirm the presence or absence of signs of life. If the gestation is uncertain then a paediatrician may be called.
- Where there are no signs of life continued management as detailed in guidelines for management of fetal loss should be implemented.

##### **2.2 If signs of life are present:**

**Signs of life, arrived at by consensual interdisciplinary agreement within this Directorate, are defined as sustained spontaneous breathing and sustained heart rate together with vigorous movement.**

- Ensure that the parents are informed of the live birth of the baby.
- Offer the parents the opportunity to hold/cuddle baby and have photographs taken if they wish.
- Ensure that the baby is cared with dignity in suitable surroundings until he/she dies. The parents may wish to keep the baby with them. Alternatively, the bereavement room can be used.
- Once the baby has died the baby will need to be examined by the obstetric SHO and death confirmed.
- The SHO will need to complete a Neonatal Death Certificate and record the cause of death (Neonatal Death certificates are available from NNICU).
- If the doctor is unable to identify a cause of death, usually extreme prematurity, the matter is reportable to the Coroner.

### **2.3 Further management where signs of life were present**

The birth and death needs to be registered as a neonatal death and the relevant documentation and investigations completed.

- Raise infant notes and register infant as per live birth. If unable to determine the sex of the infant a cord blood or placental tissue sample must be sent to Southmead Hospital, Bristol, for polymerase chain reaction (PCR) analysis to determine gender. A neonatal death certificate **cannot** be completed without the known gender of the infant. This should be explained to the parents and that this process may take a few days and will subsequently delay issue of the death certificate.
- Complete birth notification and register birth and death in the main labour ward register. Complete CESDI forms and all the necessary documentation contained in the 'Spontaneous Miscarriage Pack - gestation less than 24 weeks'.
- For investigations continue management as detailed in guidelines for management of fetal loss (Guidelines for Current Obstetric Management page 175 and Midwifery Guidelines and Policies number 13). All the necessary investigation forms are contained in the miscarriage pack.

### **2.4. Plans to Resuscitate Baby**

- Ensure NNICU cot available is available during labour
- For delivery have an appropriately trained member of staff present.
- Bring the transport incubator and emergency neonatal resuscitation trolley to the room and ensure that they are ready for use.

### **2.5 Notification of the Coroner**

- **Any signs of life regardless of gestation with or without Neonatal Death Certificate must be referred to the Coroner.** Please make every effort to ensure a doctor is present at the delivery to ensure a death certificate can be issued. A doctor must see signs of life in order to issue a death certificate, a midwife cannot issue the death certificate.

## **3. Record Keeping**

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG.

All entries must have the **date and time** together with **signature and printed name**.

## Monitoring and Audit

### Auditable standards:

Please refer to audit tool, location: 'Maternity on cl2-file11', Guidelines

### Reports to:

Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

### Frequency of audit:

Annual

### Responsible person:

Neonatal Consultant

## Cross references

Antenatal Guideline 31 - Maternity Hand Held Notes, Hospital Records and Record Keeping

Antenatal Guideline 44 – Guideline Development within the Maternity Services

Management of extreme prematurity – NICU guideline

## References

<b>Author</b>	Guideline committee		
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